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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Yves SAVIDAN et al.

Title: MEANS FOR IDENTIFYING NUCLEOTIDE SEQUENCES INVOLVED IN APOMIXIS

Appl. No.: 10/668,322

Filing Date: 09/24/2003

Examiner: Anne R. Kubelik

Art Unit: 1638

**AMENDMENT TRANSMITTAL**

**Mail Stop AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- Assertion of Small Entity status is enclosed.
- The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	27	-	49	= 0	x \$50.00 = \$0.00
<b>Independent Claims:</b>	<b>10</b>	-	<b>3</b>	= 7	x <b>\$200.00</b> = <b>\$1400.00</b>
First presentation of any Multiple Dependent Claims:					+ \$360.00 = \$0.00
					<b>CLAIMS FEE TOTAL</b> = <b>\$1400.00</b>

- Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00	\$0.00
<input checked="" type="checkbox"/>	<b>Extension for response filed within the third month:</b>	<b>\$1,020.00</b>	<b>\$1,020.00</b>
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:		<b>\$1,020.00</b>
<input checked="" type="checkbox"/>	<b>Information Disclosure Statement filing fee</b>	<b>\$180.00</b>	<b>\$180.00</b>
	CLAIMS, EXTENSION AND IDS FEE TOTAL:		<b>\$2,600.00</b>
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		<b>\$0.00</b>
	TOTAL FEE:		<b>\$2,600.00</b>

**A credit card payment form in the amount of \$2,600.00 for extra claims, IDS, and three month extension of time fees is enclosed.**

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 2, 2006

By S.A. Bent

FOLEY & LARDNER LLP  
 Customer Number: 22428  
 Telephone: (202) 672-5404  
 Facsimile: (202) 672-5399

Stephen A. Bent  
 Attorney for Applicants  
 Registration No. 29,768